

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--------------------------------------|-------------------|--|-----------------------------|-------------|---------------|---|
| Died at | | Town <i>Glen Falls</i> | County <i>Montgomery</i> | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Deys | X |
| 1904 | Dec | 25 | 42 | X | X | X |
| Sex | Female | Color or Race | Nhite | Birth-place | Montg Co. Md. | |
| Occupation | Housewife | Where Residing if not et place of death | X | | | |
| Married, Single or Widowed | Married | Name of Wife or Husband | Joseph E. Bissell | | | |
| Father's Name | Thomas Sullivan | Father's Birthplace | Del | | | |
| Mother's Maiden Name | Elizabeth Farley | Mother's Birthplace | DC. | | | |
| Name of person giving Information | Joseph E. Bissell | How related to deceased | Husband. | | | |

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary

Burns

House burned down -

How long

Unknown

Immediate

Burns

body was practically
incinerated

How long

Unknown

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

N J Pratt

Geo Bell

Coroner

Accident or Suicide

Accident

Rockville, Md., RFD #2.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

| | | | | | | |
|-----------------------------------|---|-------------------------|----------------|----------|---------|--|
| Died at | Town | Howard Bond | | Maryland | | |
| Date of death | Month | Day | Years | Months | Days | |
| Sex | Color or Race | Age | — | — | 2 hours | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | None | | | | |
| Father's Name | Lewis Bond, | Birthplace | Howard Bo | | | |
| Mother's Maiden Name | Rachel Ann Giles | | Baltimore, Md. | | | |
| Name of person giving information | Lewis Bond | How related to deceased | | | | |

CAUSES OF DEATH

151

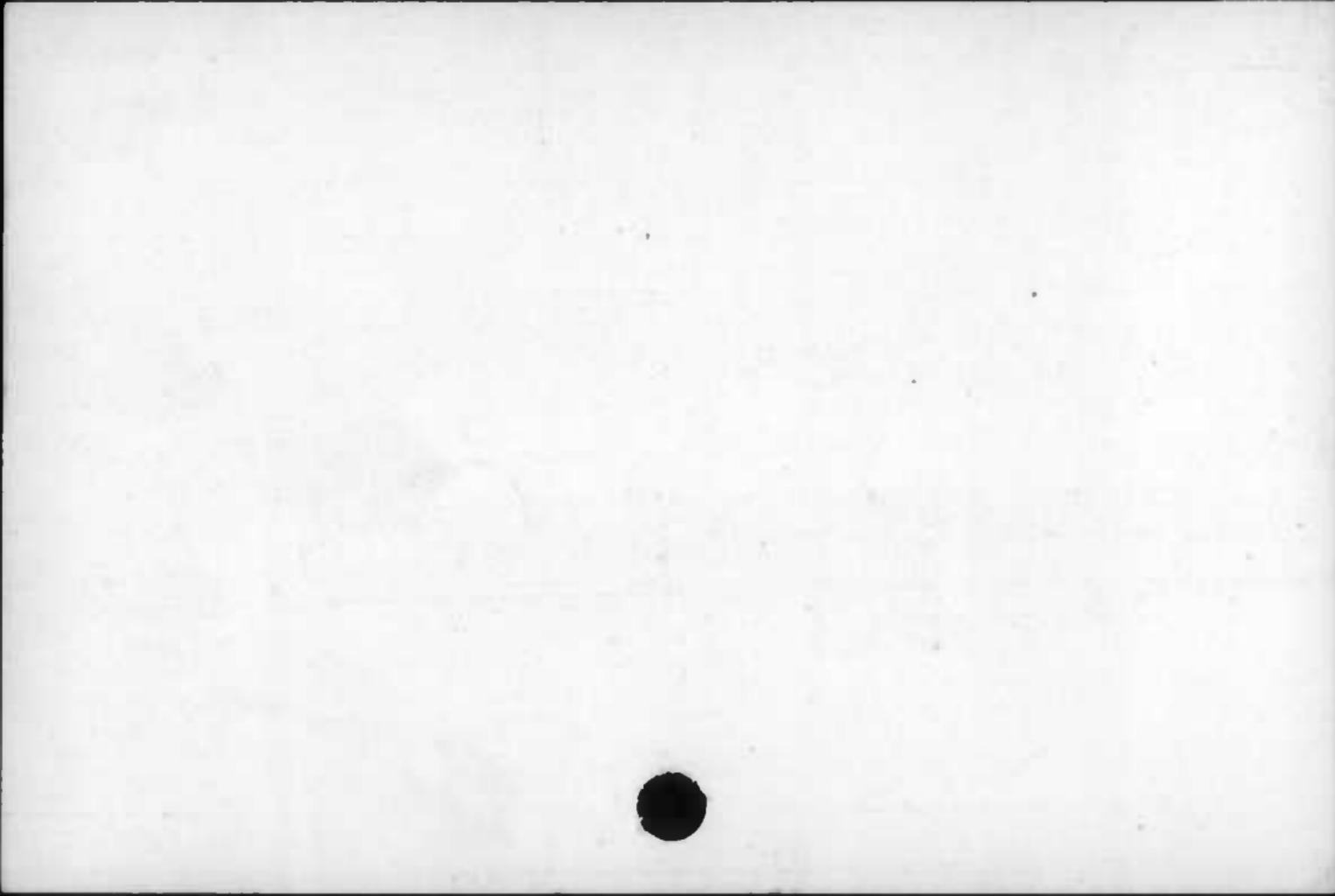
How long

How long

Two hours

PHYSICIAN
OR CORONER

| | | | |
|--|-----------|------------------------|--------------------|
| Primary | Pneumonia | | 151 |
| Immediate | Asthma | | How long |
| Are the name, age, sex, color, date and place correctly given above? | Yes | Signature of Physician | Chas. Parikh, M.D. |
| | | Address | Oleoy, 16d. |
| Accident or Suicide? | | | |



Name
in
Full

Matthew Carter

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

| | | | | | |
|---|--|------------------------|--------------|----------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death 1908 | Month Dec | Day 28 | Years Ago 27 | Months 6 | Days |
| Sex male | Color or Race white | Birth-place Md | | | |
| Occupation farm laborer | Where Residing if not at place of death Ax | | | | |
| Married, Single or Widowed married | Name of Wife or Husband Viola Brown Carter | Father's Birthplace Va | | | |
| Father's Name Finton Carter | Mother's Birthplace Ca | | | | |
| Mother's Maiden Name Jane Orahoney | Ca | | | | |
| Name of person giving information Viola Carter. | wife | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

6 months

Immediate

Pulmonary Tuberculosis

How long

6 months

Are the name, age, sex, color, date and place correctly given above?

Yes

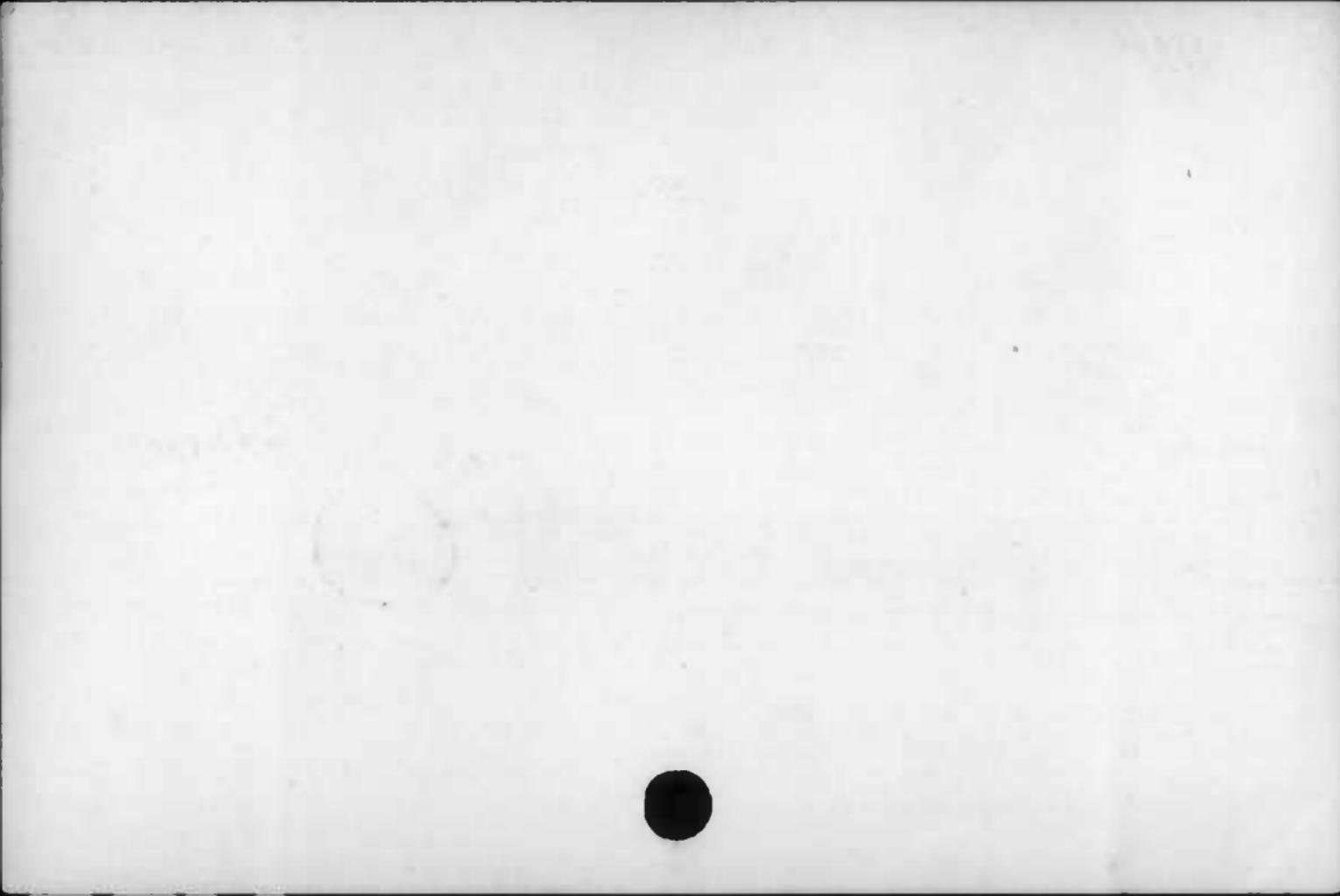
Signature of Physician

A.C. Lindstrom

Address Rockville Md

Accident or Suicide?

No



Name
in
Full

Alex Corn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | | |
|---|--|-------------------------------|--------------------------|-------|----------|------|--|
| Died at <u>Near Germantown</u> | | Town | County <u>Montgomery</u> | | MARYLAND | | |
| Date of death <u>1908</u> | Month <u>Dec</u> | Day <u>29</u> | Age <u>31</u> | Years | Months | Days | |
| Sex <u>Male</u> | Color or Race <u>colored</u> | Birth-place <u>Germantown</u> | | | | | |
| Occupation <u>Carpenter</u> | Where Residing if not at place of death | | | | | | |
| Married, Single or Widowed <u>Married</u> | Name of Wife or Husband <u>Sophia Corn</u> | | | | | | |
| Father's Name <u>Sandy Corn</u> | Father's Birthplace <u>Germantown</u> | | | | | | |
| Mother's Maiden Name <u>Harriet Hamilton</u> | Mother's Birthplace <u>Germantown</u> | | | | | | |
| Name of person giving Information <u>Frank Corn</u> | How related to deceased <u>Brother</u> | | | | | | |

CAUSES OF DEATH

94

| | |
|---|--|
| Primary <u>Pleurisy With effusion</u> | How long <u>> Weeks</u> |
| Immediate <u>Endocarditis</u> | How long <u>3 Days</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>E. C. Etchison</u> |
| | Address <u>Gaithersburg Md.</u> |
| Accident or Suicide? | |

Silver leigh Bay May
Swallow Robby May
Cloudy May
May 11

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Frances Eliza De Lucy

CERTIFICATE OF DEATH

MARYLAND

Died at Vicage & Chevy Chase County Montgomery

Date of death 1908 Month Dec Day 17 Age —

Month — Day 15 Hours

Sex Female

Color or Race White

Birthplace Kingsport Tennessee

Occupation —

Where Residing if not
at place of death —

Married, Single
or Widowed —

Name of Wife or
Husband —

Father's Name Judge Wm. H. De Lucy

Father's Birthplace B.C.

Mother's Maiden Name Ruth Clark

Mother's Birthplace B.C.

Name of person giving
Information Miss Anna Crompton

How related
to deceased Name

CAUSES OF DEATH

150

Primary Cardiac. Patent Foramen Ovale

How long Few Hours

Immediate Patent Foramen Ovale

How long 15 Hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

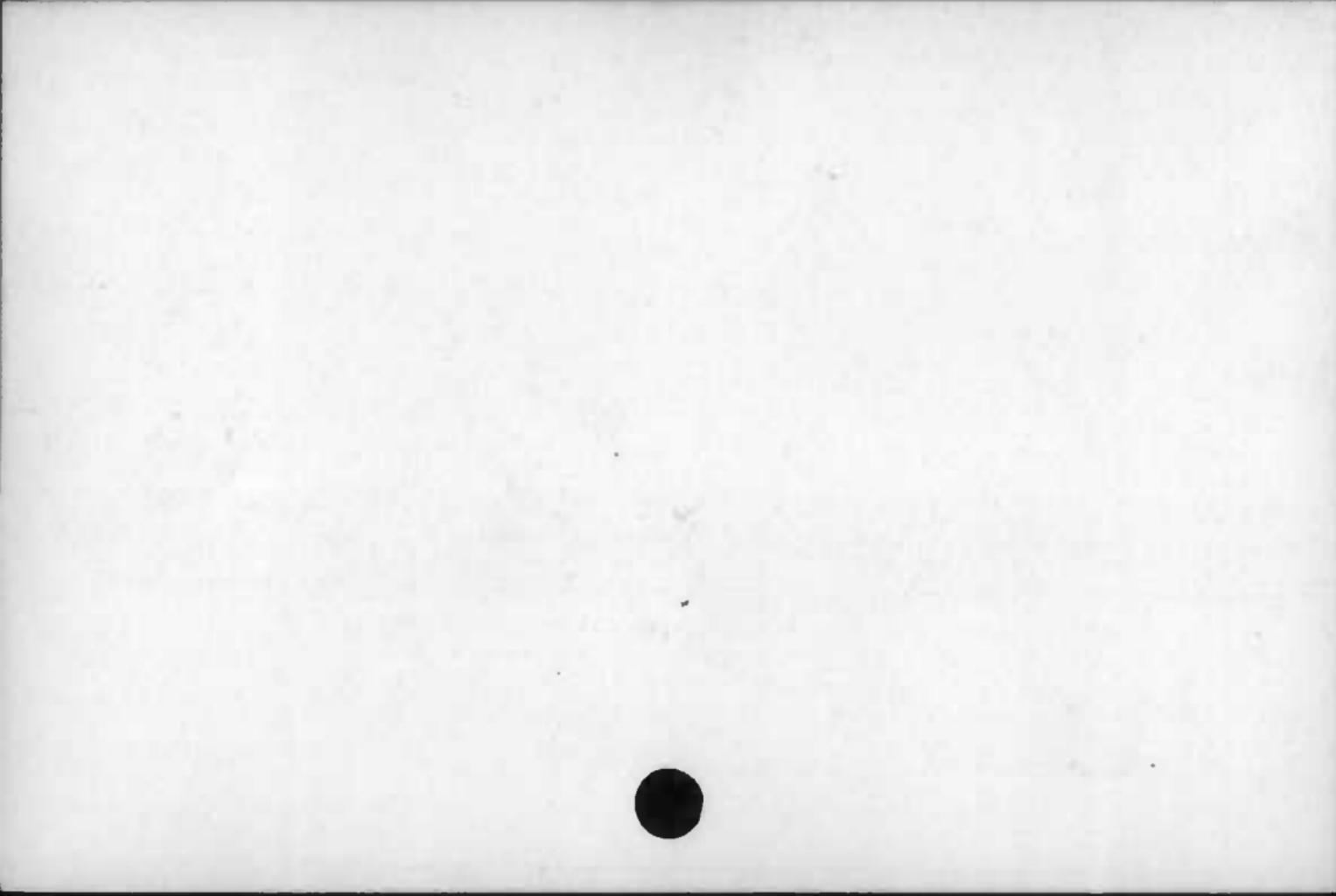
Signature of
Physician

Address

James D. Morgan MD
Chevy Chase
MD

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ziggya Driggs

CERTIFICATE OF DEATH

| | | | | | |
|---|--|-----------------|----------|--------|------|
| Died at | Town | County | MARYLAND | | |
| Wheaton | | Maryland | Month | Month | Days |
| Date of death 1908 | Month Dec | Day 14 | Years | Age 48 | — |
| Sax Female | Color or Race white | Birth-place Md. | | | |
| Occupation None | Where Residing if not at place of death Same | | | | |
| Married, Single or Widowed Single | Name of Wife or Husband — | | | | |
| Father's Name Don't Know | Father's Birthplace Don't Know | | | | |
| Mother's Maiden Name Don't Know | Mother's Birthplace Don't Know | | | | |
| Name of person giving Information Physician | How related to deceased not at all | | | | |

CAUSES OF DEATH

Primary

Carcinoma of Breast

43

How long

4 years

Immediate

Exhaustion due to drain on eyes

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of
Physician

Address

Wheaton 448.
1640 18th St. N.W.
Washington, D.C.

Accident or Suicide

Dr Wrd L Lewis
Kingsbury ^x
Wrd

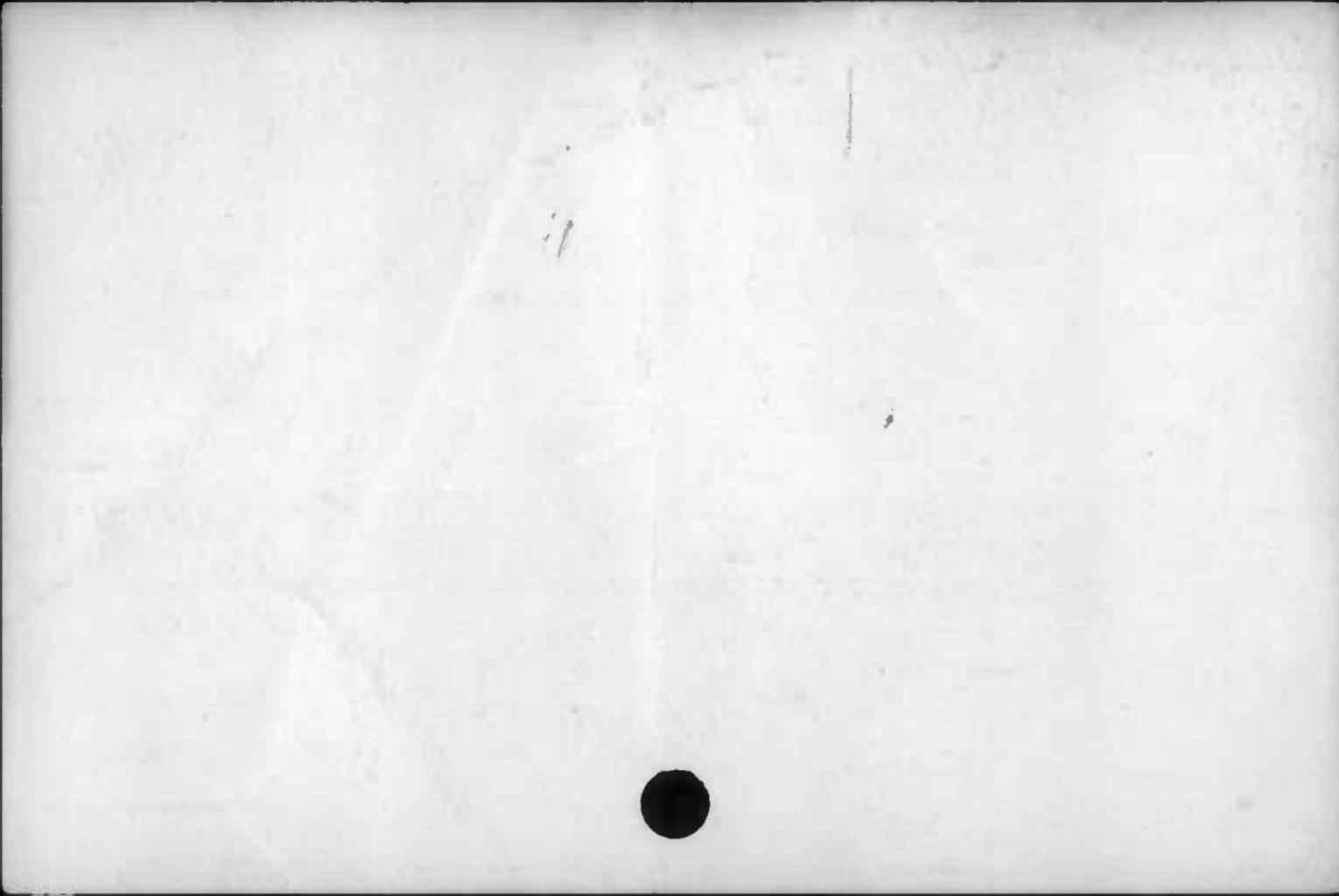
Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

| | | | | | | | |
|--|-----------------|-------------------------|---|-------------------------|----------------------|--------|--|
| Died at | | Town | County | | MARYLAND | | |
| Date of death | 1908 | Month Dec | Day 30 | Years 25 | Month 6 | Days 9 | |
| Sex | Male | Color or Race | White | | Birth-place | Md | |
| Occupation | Painter | | Where Residing if not at place of death | | | Samer | |
| Married, Single or Widowed | Single | Name of Wife or Husband | | | | | |
| Father's Name | Cly. H. Darrell | | | Father's Birthplace | Md | | |
| Mother's Maiden Name | Rosa A. Price | | | Mother's Birthplace | Md | | |
| Name of person giving information | H. H. Darrell | | | How related to deceased | Sister | | |
| CAUSES OF DEATH | | | | | | 1 | |
| Primary | Typhoid Fever | | | How long | 16 days 5 | | |
| Immediate | Deterioration | | | How long | 3 days 5 | | |
| Are the name, age, sex, color, date and place correctly given above? | | | yes | Signature of Physician | Eaglin, J. W. | | |
| | | | | Address | 1212 E. Pratt Street | | |
| Accident or Suicide? | | | no | Falling from | | | |



Name
in
Full

Eugene William Frayser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Gaithersburg Town Montgomery County MARYLAND

Date of death 1908 Month Dec Day 26 Years Age Months Days 1 4

Sex Male Color or Race Colored Birth-place Gaithersburg

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Isaac Frayser Father's Birthplace Maryland

Mother's Maiden Name Mamie Miles Mother's Birthplace Maryland

Name of person giving information Isaac Frayser How related to deceased Father

CAUSES OF DEATH

151

How long

How long

2 days

1 hour

PHYSICIAN
OR CORONER

Primary

Exhaustion

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

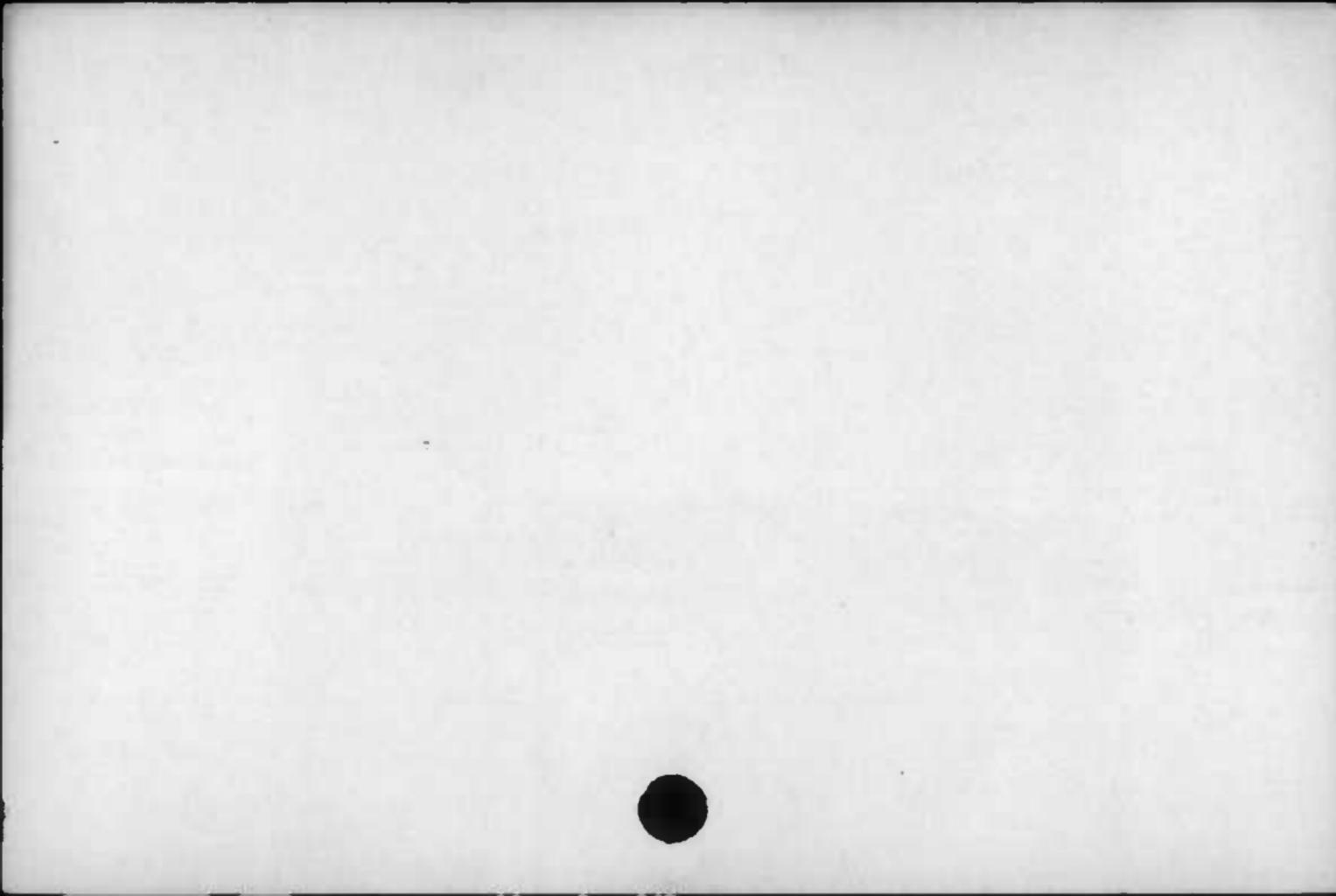
yes

Signature of Physician

Address

E. C. Etchison
Gaithersburg
Md

Accident or Suicide?



Name
in
Full

Hans A. Kingdon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|--------|----------------|-------------------------|------------------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| 1908 Dec. | 31 | Age | 38 | 3 | 20 |
| Sex | Color or Race | where | Birth-place | Paris Kentucky | |
| Female | white | | Paris Kentucky | | |
| Occupation | Where Residing if not at place of death | | | X | |
| Housewife | | | | X | |
| Married, Single or Widowed | Name of Wife or Husband | X | | | |
| Single | | X | | | |
| Father's Name | John Kingdon | | | Father's Birthplace | Kingston Jamaica |
| Mother's Maiden Name | Appleton - Alverda L. | | | Mother's Birthplace | Balto. Md |
| Name of person giving information | Miss Bella Kingdon | | | How related to deceased | Sister |

CAUSES OF DEATH

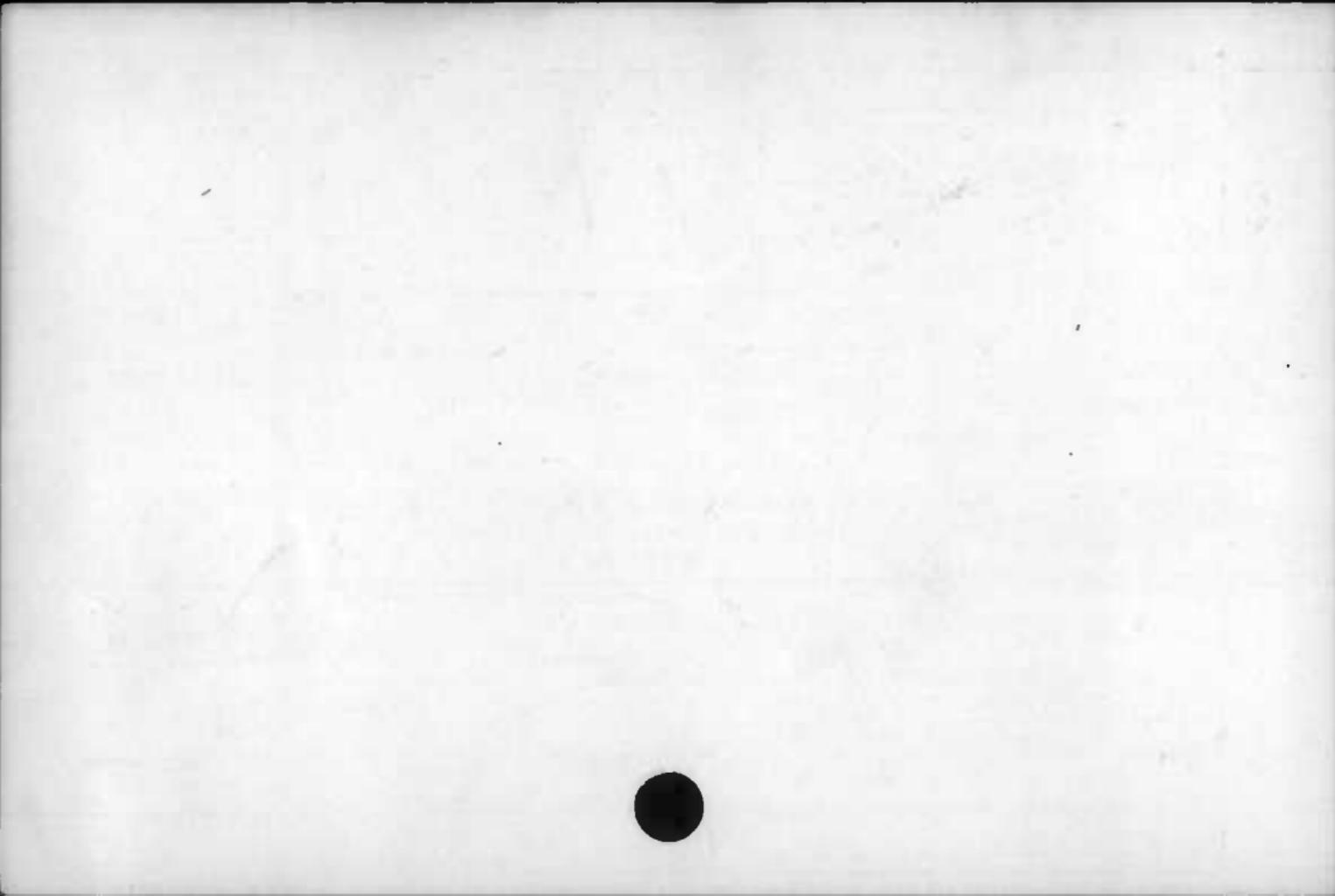
74

How long

6 mos

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|--------------------|
| Primary | Persons Prostitution | | |
| Immediate | Exhaustion | | |
| Are the name, age, sex, color, date and place correctly given above? | yes | Signature of Physician | Dr. J. W. Thompson |
| | | Address | Rockville Md |
| Accident or Suicide? | No | | |



Name
in
Full

George H. Kinslow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|--|--------------------------|---------------|-----------------|-----------------|
| Died at <u>Glen Echo</u> | | County <u>Montgomery</u> | | MARYLAND | |
| Date of death <u>1908 Dec</u> | Month <u>Dec</u> | Day <u>1</u> | Age <u>68</u> | Years <u>68</u> | Months <u>0</u> |
| Sex <u>Male</u> | Color or Race <u>Colored</u> | Birth-place <u>N.C.</u> | | | |
| Occupation <u>Sabner</u> | Where Residing if not at place of death | | | | |
| Married, Single or Widowed <u>Widowed</u> | Name of Wife or Husband <u>May Ann Kinslow</u> | | | | |
| Father's Name <u>Unknown</u> | Father's Birthplace <u>Unknown</u> | | | | |
| Mother's Maiden Name <u>Unknown</u> | Mother's Birthplace <u>Unknown</u> | | | | |
| Name of person giving information <u>George H. Kinslow</u> | How related to deceased <u>Son</u> | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic nephritis

120

How long

One year

Immediate

Heart & Ailment

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Taking in Pay
January 1st

Accident or Suicide?

46
46
—
9 2
920

Name
in
Full

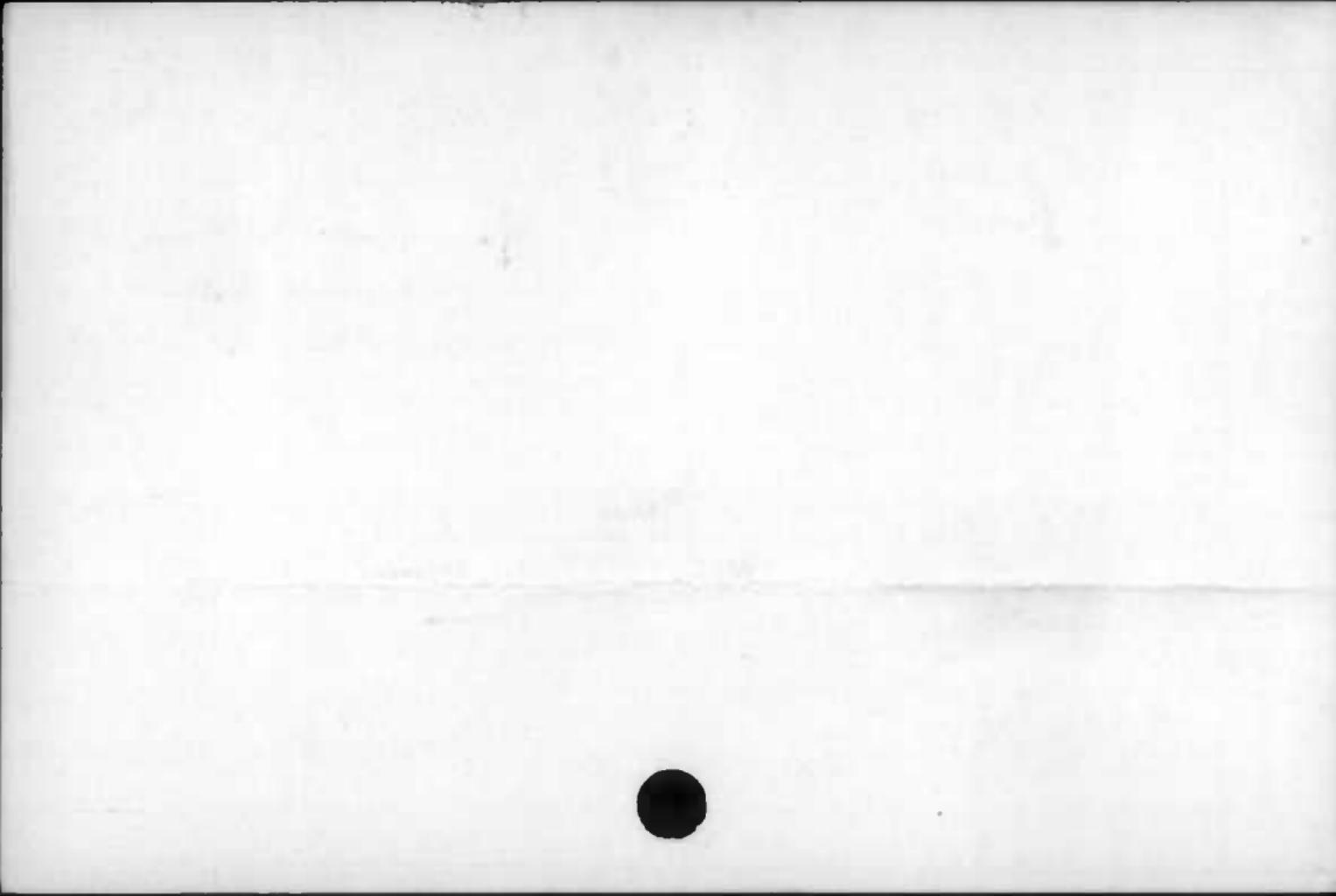
Rebecca Seigear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|--|---|--------------|-------------|------------------|-------------|-------------------------------------|
| Died at | Town | County | MARYLAND | | | |
| Date of death | Month | Day | Age | Years | Months Days | |
| Sex, | Color or Race | white | Birth-place | Montgomery Co Md | | |
| Occupation | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | Name of Wife or Husband | Geo. Seigear | | | | |
| Father's Name | William Hinton | | | | | Father's Spouse |
| Mother's Name | Anne Leavitt | | | | | Mother's Spouse |
| Name of person giving Information | W. P. Seigear | | | | | How related to deceased |
| Caused by a cut while trimming a cow | | | | | | 20 |
| CAUSES OF DEATH | | | | | | How long |
| Primary | Blood Poison | | | | | 2 weeks |
| Immediate | Heart Failure | | | | | 2 days |
| Are the name, age, sex, color, date and place correctly given above? | | | | | | Signature of Physician |
| Yes | | | | | | Address |
| | | | | | | J. R. Coulson Spencerville Md |
| Accident or Suicide? | | | | | | |

PHYSICIAN
OR CORONER



Name
in
Full

Mary V. Mackall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--------------------------------------|--------------------|---------------------------|------------------------------------|-------------|------------|
| Died at | Town Near Avery | County Montgomery | MARYLAND | | |
| Date of death | Month 12 | Day 17 | Years Age 64 | Months 5 | Days 24 |
| Sex | Female | Color or Race White | Birth- place Washington D.C. | | |
| Married, Single or Widowed | Married | Occupation Housewife | | | |
| Name of Husband | Richard Mackall | | | | |
| Father's Name | Thos. B. Sutor | | | | |
| Mother's Maiden Name | Mary Scott | | | | |
| Name of person giving Information | Richard Mackall | | | | |

CAUSES OF DEATH

64

How long

How long

Instantaneous death

Primary

Immediate

Cerebral Apsoplexy

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

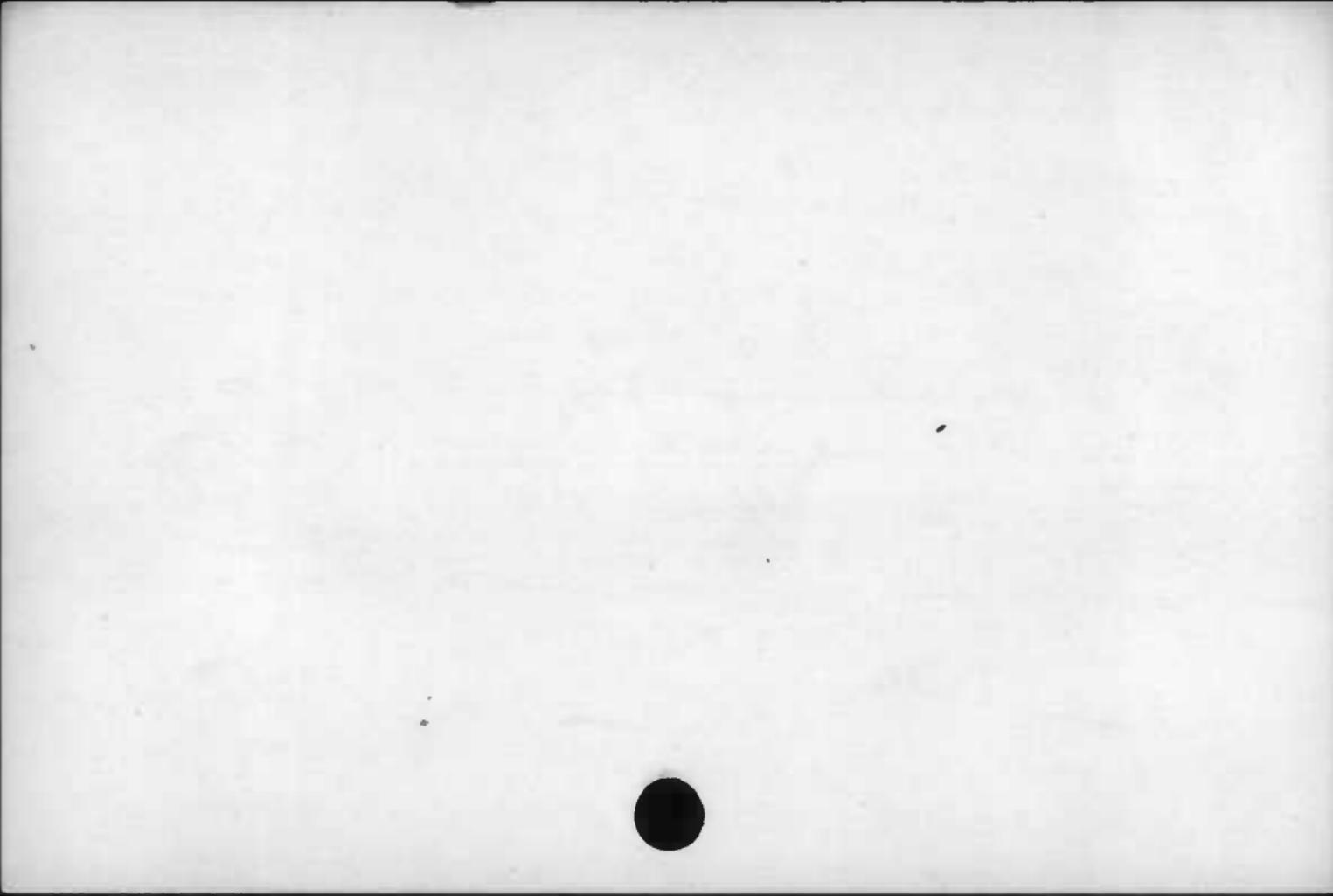
W. F. Green, M.D.

Address

Brookville,
Md.

PHYSICIAN
or
COURT
EXAMINER

Accident or Suicide?



Name
in
Full

Unnammed - Stillborn Baby

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|---------|-------------|-------------------------|---------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| Sex | Color or Race | Age | Birth-place | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | not any | | | |
| Father's Name | Richard Brothers | | | Father's Birthplace | md |
| Mother's Maiden Name | Brotha Draper | | | Mother's Birthplace | md |
| Name of person giving information | Richard Brothers | | | How related to deceased | brother |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Unknown

(S)
Husband

Immediate

"

How long

Are the name, age, sex, color, date and place correctly given above?

yes

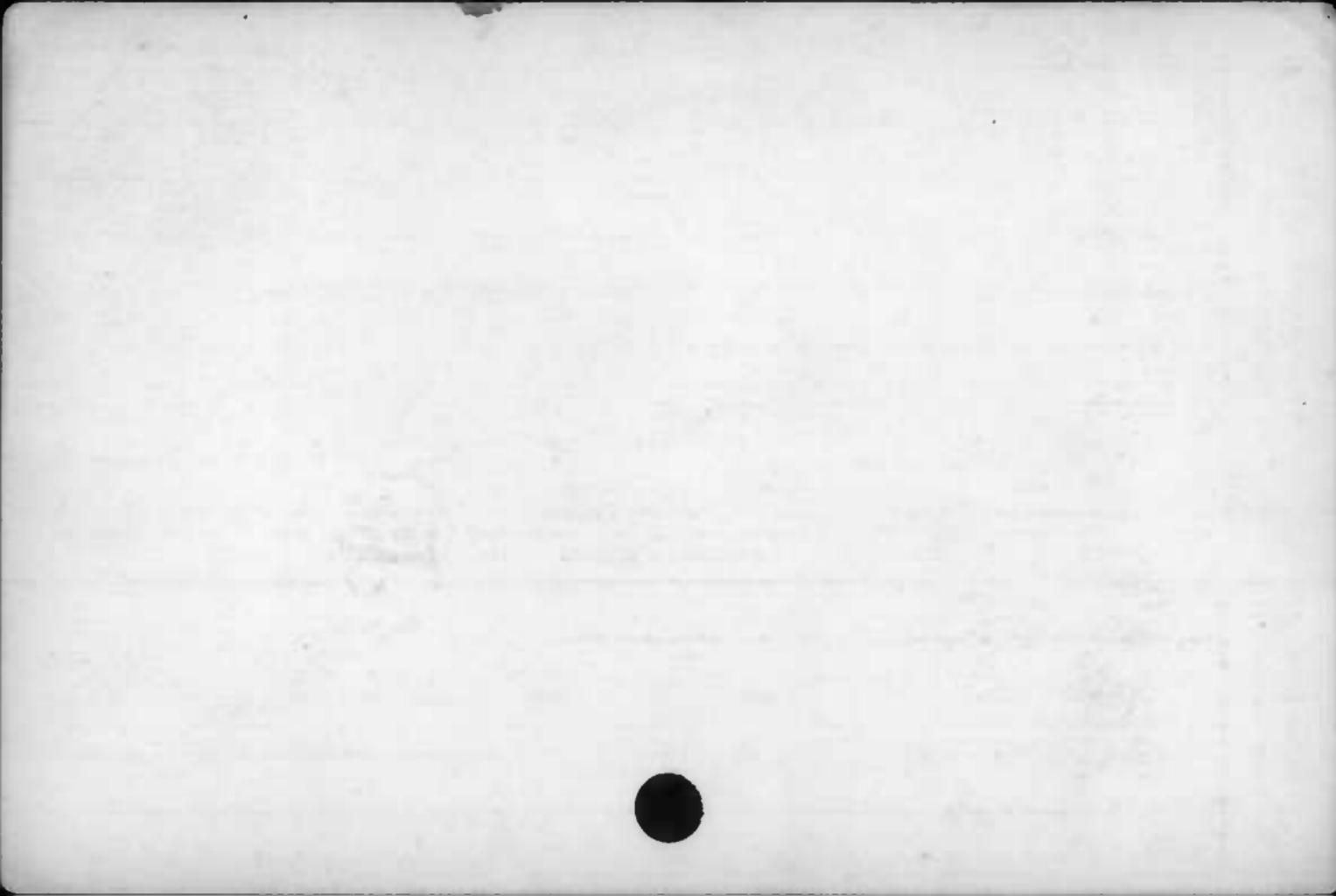
Signature of Physician

Address

E W White

Poolesville
Md.

Accident or Suicide?



Name
in
Full

Majoron Alberta Sullivan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---|-------------|-----|--------|------|
| Died at | Town | County | | | |
| Date of death | Month | Year | Age | Months | Days |
| Sex | Color or Race | Birth-place | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | Father's Birthplace | | | | |
| Mother's Maiden Name | Mother's Birthplace | | | | |
| Name of person giving Information | How related to deceased | | | | |

Potomac Montgomery MARYLAND

Female White Rockville, Md.

Housewife Thomas Sullivan

Widowed.

Elbert Healin

Liddia Offill

Clarance Creager

120

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Chronic Intestinal Nephritis

Immediate Volvulus & Intestinal Obstruction

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

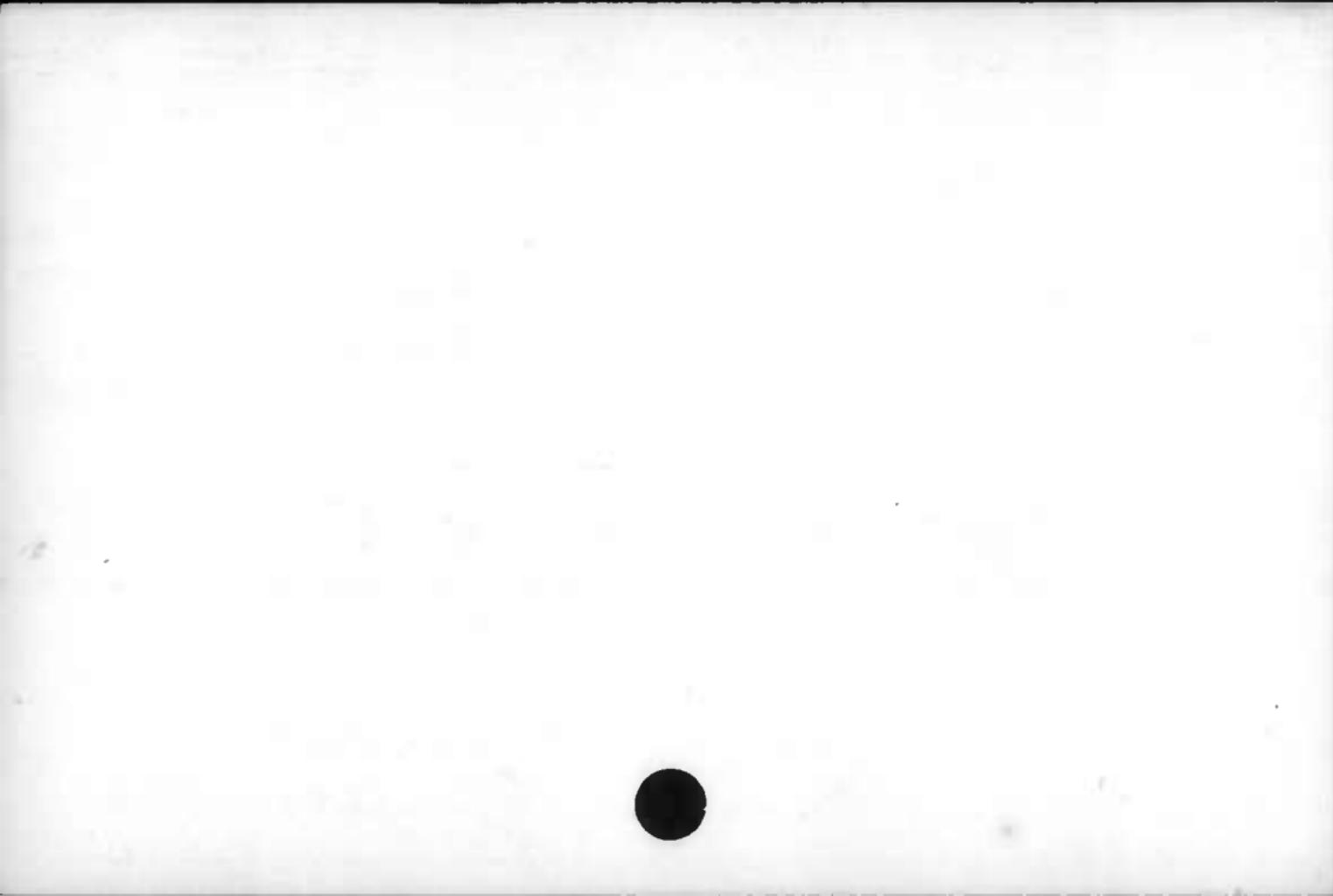
Address

H. J. Park

Rockville Md.

RX#2.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Thomas

CERTIFICATE OF DEATH

| | | | | | |
|-----------------------------------|---------------------------------------|-------------------------|-------------------------|---------------------|------|
| Died at | Town | County | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days |
| 1905 | Dec | 12 | 105 | — | — |
| Sax | Female | Color or Race | Black | Birth-place | Md |
| Occupation | Whara Reading if not at place of dash | | same | | |
| Married, Single or Widowed | widow | Name of Wife or Husband | Thomas Thomas | Father's Birthplace | Md |
| Father's Name | Don't Know | | / | | |
| Mother's Maiden Name | Don't Know | | / | | |
| Name of person giving Information | Richard Davis | | How related to deceased | | |

CAUSES OF DEATH

154

How long

How long

Primary

Senility

Immediate

Senility

Are the name, age, sex, color, date and place correctly given above?

yes

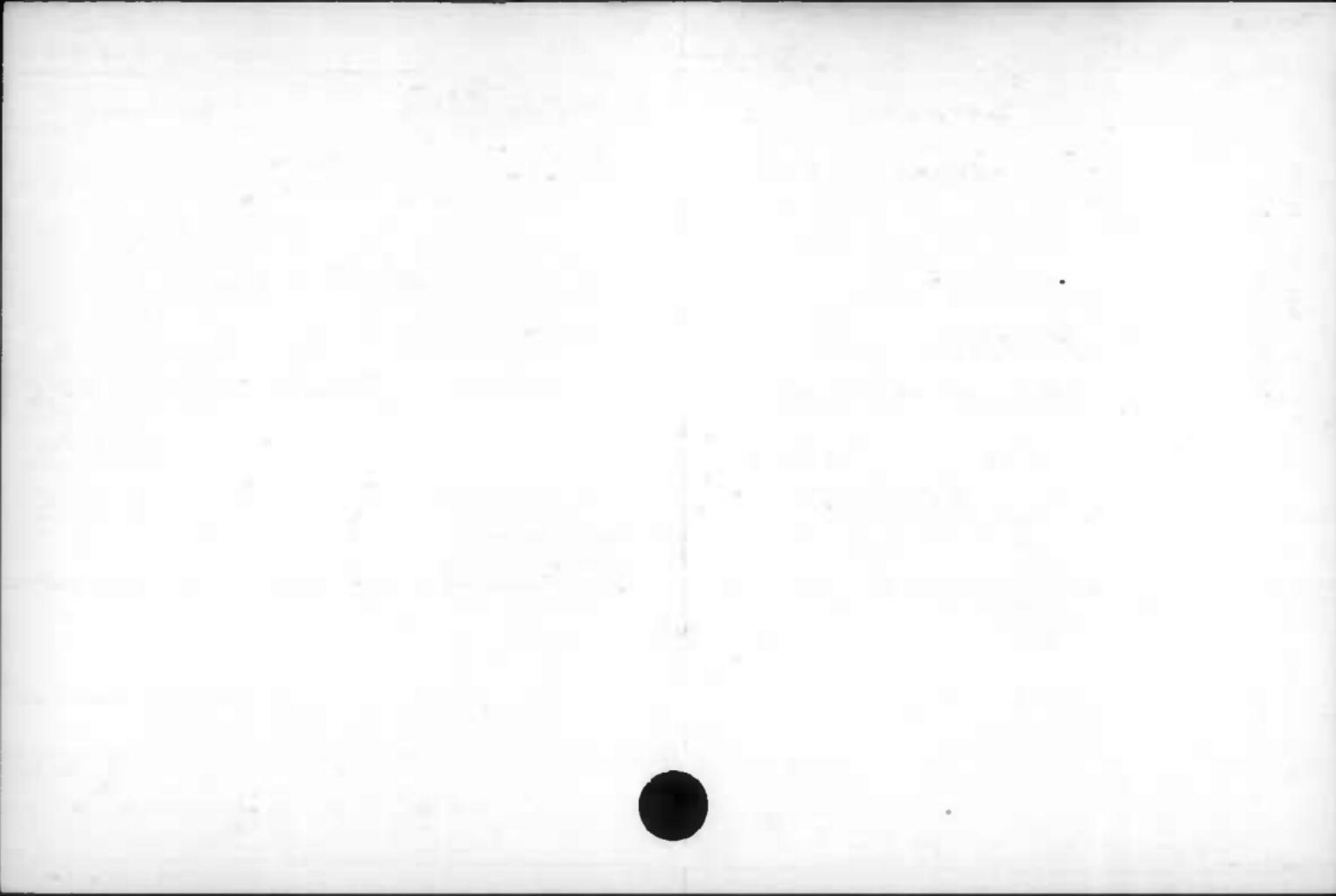
Signature of Physician

Address

W. L. Sims
Kensington, Md

Accident or Suicide

no



Name
in
Full

David Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | |
|-----------------------------------|---|---------------|-------|-------------------------|--------|--|
| Died at | Town | County | | MARYLAND | | |
| Date of death | Month | Day | Years | Months | Days | |
| Sex | Color or Race | Age | | Birth-place | | |
| Occupation | Where Residing if not at place of death | | | X | | |
| Married, Single or Widowed | Name of Wife or Husband | Beetie Warren | | | | |
| Father's Name | Ludlow | | | Father's Birthplace | Ludlow | |
| Mother's Maiden Name | Ludlow | | | Mother's Birthplace | Ludlow | |
| Name of person giving information | Deth Maggie Brown | | | How related to deceased | Son | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Chronic nephritis

120

How long

3 mos

Immediate

Acute

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

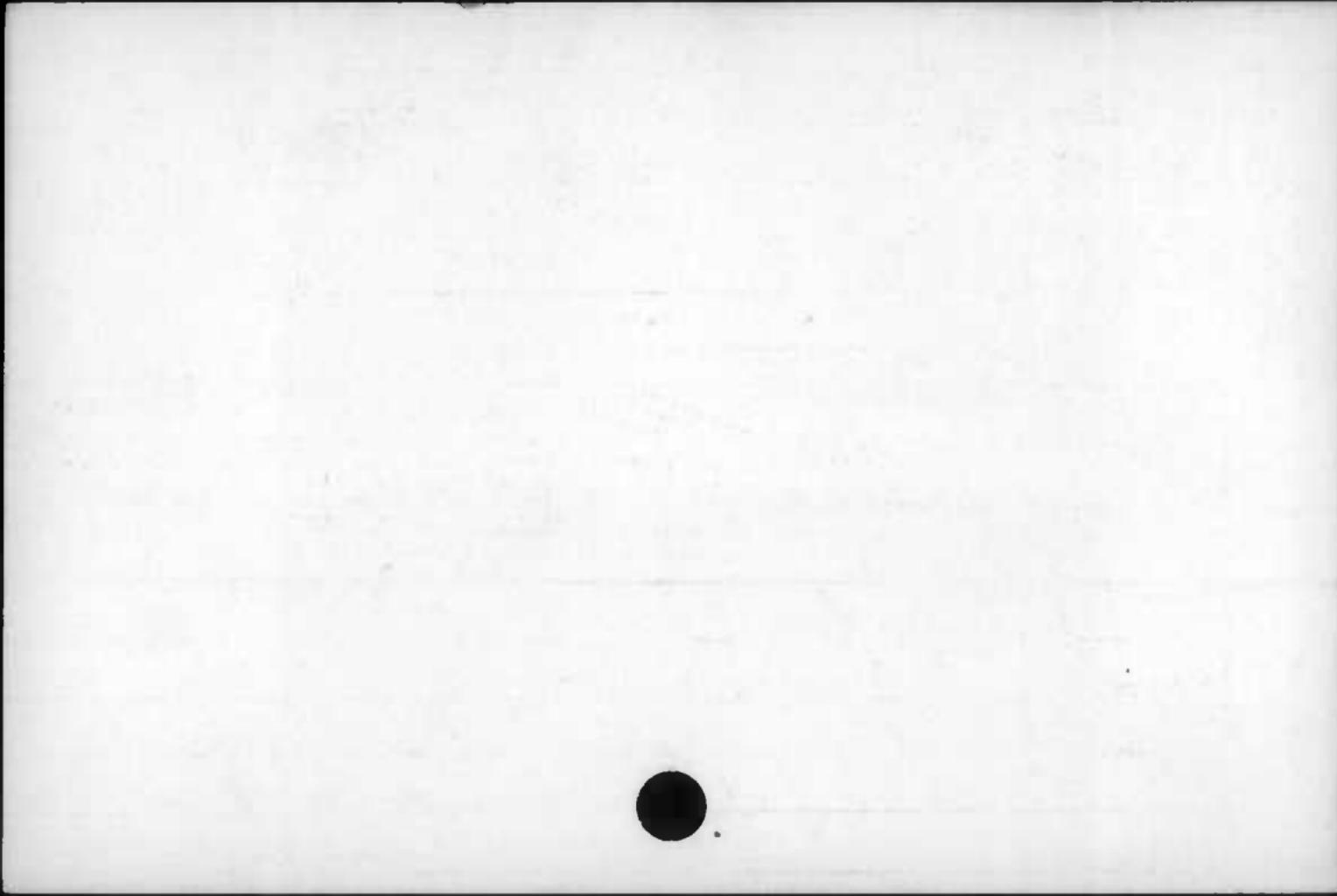
Signature of Physician

Address

A. M. Swanson
Rockville Md

Accident or Suicide?





Name
in
Full

Still Born Washington

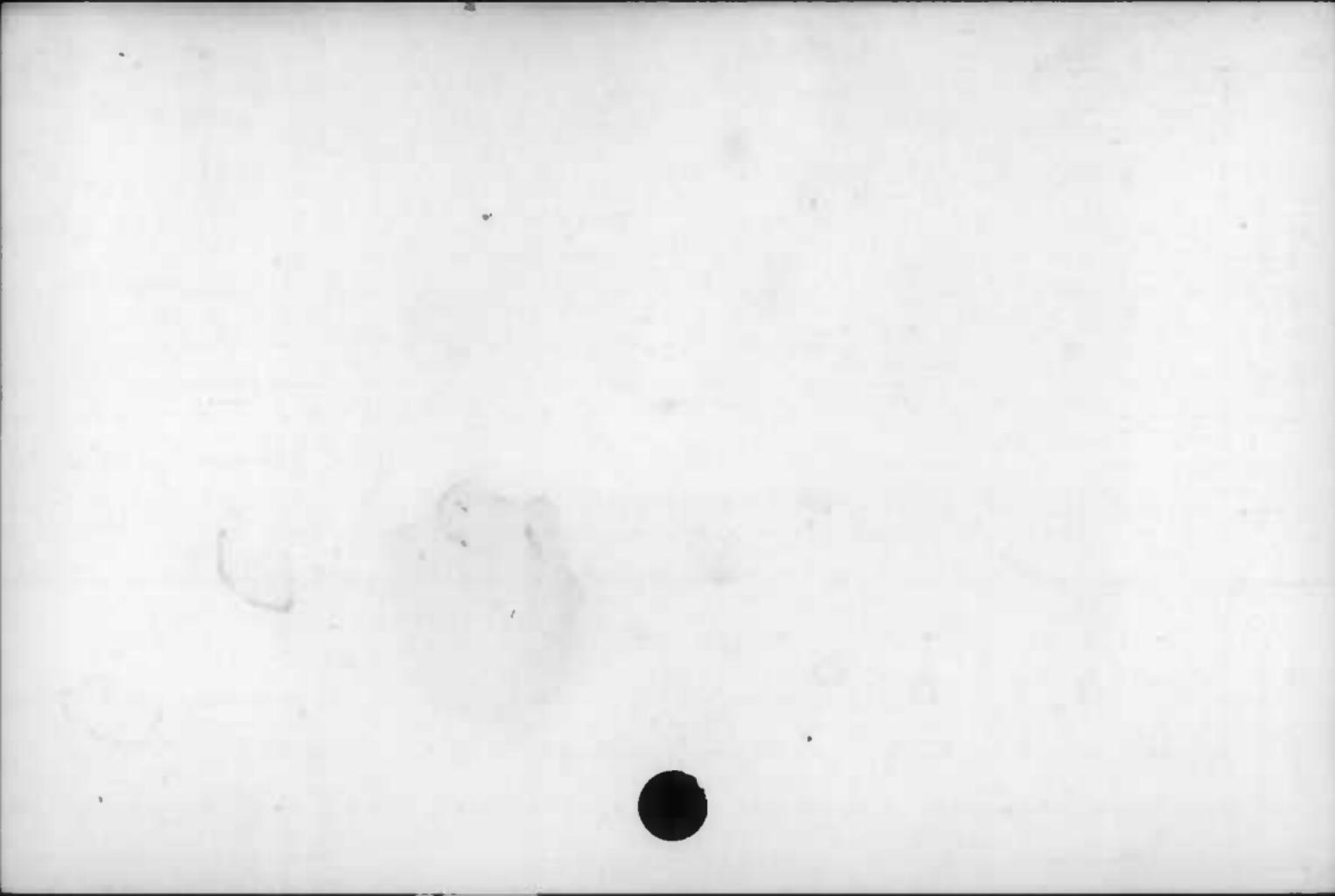
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|---|------------|-------------|--------------|------|
| Died at | Town | County | MARYLAND | | |
| Died at | Laytonsville | Montgomery | — | — | — |
| Date of death | Month | Day | Years | Months | Days |
| 1908 | Dec | 26 | — | — | — |
| Sex | Color or Race | Colored | Birth-place | Laytonsville | |
| Female | | | | | |
| Occupation | Where Residing if not at place of death | | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | | |
| Father's Name | Lark Washington | | | | |
| Mother's Maiden Name | Clara Lee | | | | |
| Name of person giving information | Samuel Bright | | | | |
| CAUSES OF DEATH | | | | | |
| Primary | Born dead | | | | |
| Immediate | | | | | |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician | | | | |
| yes | T H Dinson | | | | |
| | Address | | | | |
| | Laytonsville | | | | |
| | Montgomery Co | | | | |

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | |
|-----------------------------------|---|---------------|--------|----------|
| Died at | Linden | Town | County | MARYLAND |
| Date of death | 1908 | Month | 12 | Years |
| | | Day | 12 | Months |
| Sex | F. | Color or Race | B. | Days |
| Occupation | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Name of Wife or Husband | | | |
| Father's Name | Jno. Webster | | | |
| Mother's Maiden Name | Rebecca Webster | | | |
| Name of person giving information | ✓ Father's Birthplace Va. Mother's Birthplace Va. How related to deceased | | | |

PHYSICIAN
OR CORONER

CAUSES OF DEATH

| | | |
|-----------|-----|----------|
| Primary | 179 | How long |
| Immediate | | How long |

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Wright
Forest Glen.

Accident or Suicide



Name
in
Full

Cynthia Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|---------------|---|------------------|-------------|-----------|
| Died at | Town | County | MARYLAND | | |
| Died at | Brooksville | Montgomery | Months | Days | |
| Date of death | Month | Day | Years | Months | Days |
| 1908 | Dec. | 8 | Age 70 | — | — |
| Sex | Female | Color or Race | Colored | Birth-place | Mary. Co. |
| Occupation | Cook | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Married | Name of Husband | William Williams | | |
| Father's Name | Unknown | Father's Birthplace | | | Unknown |
| Mother's Maiden Name | Unknown | Mother's Birthplace | | | Unknown |
| Name of person giving information | Wm. S. Hazier | How related to deceased | | | Son |

CAUSES OF DEATH

48

How long

6 months

How long

PHYSICIAN
OR CORONER

Primary

Rheumatism, Heart Failure.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. W. F. Green

Address

Brooksville,

Md.

Accident or Suicide? —

